MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 950 CEPTIFICATE OF DEATH

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Reg	. L	Jint	. I	10.	 K.	f

lge	2411 N. Charle	a St., Baltimore 934
ect s	CERTIFICAT	E OF DEATH Reg. Dist. No. 24
carefully. The corr	1. PLACE OF DEATH: County City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or greet address where death arounces	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Springfill Mall DT Defrage	(If rural, give LOCATION)
ion cle	Alow long in haspital or institution?	2.(a) If veteran, name war
nformation of death cle	3. (a) FULL NAME Ester ade	3. (b) Social Security Number
causes of	4. Sex 5. Color or lace 6.(a) Single, married, widowed, or divgreed	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH.
ry if	6.(6) Name of husband or wife. 6.(c) M alive, give age	21. I CERJIFY that death occurred on the state above stated; that Lattended deceased from
every ite th	7. Birth date of deceased (mo., day, yr.)	and that I last som h
Supply ever lease write	8. AGE: Years Months Days If less than one day 5 0 // 2	Immediate cause of death DURATION On Marion DURATION On Marion DURATION
NG INK. sicians: pl	9. Birthplace (fown, county, and state)	Due to.
NG I siciar	10. Usual occupation	Due to Chilyny 43 gc
FADI) Phys	11. Industry of business 12. Nam	Dther conditions
WITH UNI	13 Mrthplace 14. Maiden name Ella Kunhanen	(Include pregnancy within 3 months of death)
TTF	15. Birthplace And in	Major findings of operations
Y,	16. Informant Ruffy M. adluffiger	Antopsy results
PLAINLY, is especially	17 Barbara Date thereof Aug 18 1946	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
E PI is ((Burlan cremation, Fremoval, Which) (month) (day) (year)	Where did injury occur? (City or town) (County) (State)
RITI	Location Branch Cruss	Injured at home, farm, industry, public place (where?)
₽.	18. Funeral director WZ Words	Means of Injury Injured at work?
SASE	Address Thursday	23. SIGNATURE MI Mastin M. O.
PLI	19 Chief de de recistrar) 18 H 6 P. Harry Liller Registrar	Address Date signed

MARGIN RESERVED FOR BINDING

9.45-15

A15 NS

(Date rec'd by registrar)

RECEIVED
AUG 22 1946
BUREAU V.B.

1. PLACE OF DEATH:

How long in hospital or institution?...

3. (a) FULL NAME

deceased (mo., day, yr.)

4. Sex

8. AGE:

9. Birthpiace 10. Usual occupation ... 11. Industry or business 12. Name.

> 13. Birthplace 14. Malden name

16. Informant.

(Date rec'd by registrar)

How long in above place of death? I Hospital, institution, or street address where death occurred:

6.(b) Name of husband or wife.....

information carefully of death clearly and

every item of ite the causes

ADING INK. Supply eve Physicians: please write

important.

PLEASE WRITE PLAINLY, is especially

A15

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA

2. USUAL RESIDENCE (HOME (For newborn infants give residen	E) OF DECEASED:	
(For newborn infants give residen	ee of mother)	00
State Saland	County Cons	4
City or town (If outside city or town	limits, write RURAL and	give nearest town)
Street No. (If rural,	give LOCATION)	
2.(α) If veteran, name war		
	3. (b) Social S	ecurity Number
	Ha	na.
MEDICAL	CERTIFICATIO	
20. DATE OF DEATH	- 374	44 , 19:50
21. 1 CERTIFY that death occurred on the da		
	19.46 to Qu	
		X .
and that I last saw h	and Care	2)919.5
Immediate cause of death	9	DURATIO
Cerebrul of	eworks	()
B 1	Buin	8
Due to	1	
arterio	Selens	

Due to		***************************************
Dibor conditions		
Other conditions		
(Include pregnancy with	nin 8 months of death)	
	nin 8 months of death)	
(Include pregnancy with	nin 8 months of death)	ор.

6.(a) Single, married, widow

If less than one day

23. SIGNATURE

Address.

Registrar |

Meens of Injury

Where did injury occur?

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

(City or town)

M. D. or other

(County)

injured at work?

(State)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

07891

CERTIFICATE OF DEATH

Reg. Diat.	No. 7

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Westminster (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Carroll
How long in above place of death? 25 years	City or town
Hospital, Institution, or street address where death occurred:	Street No. 513 E. Main St. 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3.(a) FULL NAME George Aprile	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH lugust 29 19 46 at 12/2 A. M
B.(b) Name of husband or wife. Sebastina Aprile B.(c) If allve, give age. 62 years 7. Birth date of April 27 1888	21. FERTIFY that death occurred on the date above stated: that Tattended deceased from
7. Birth date of deceased (mo., day, yr.) April 27, 1888	and that I tast saw hourselve on the control of death Of DUNATION
8. AGE: Years Months Days If less than one day	Immediate cause of death level & Tresortog , now
58 4 2min.	
9. Birthplace Ragusa, Siracusa, Italy (Town, county, and state)	Due to
10. Usuat occupation Retail grocer (retired)	Due to
11. industry or business	
12 Name Giovana Battista Aprile	Diher conditions
14. Malden name Chessari Bosaria 15. Birthplace Italy	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Italy	Date of op.
16. Informant Mrs. George Aprile	Antopsy results
Address Westminster, Md.	22. VIOLENCE: tf death was due to external causes, fill in the following:
Date thereof 8/31/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. John's Catholic Cem.	Where did injury occur?
Location Westminster, Md.	Injured at home, farm, industry, public place (where?)
18. Funerat director J. Francis Reese	Means of injury injured at work?
Address Westminster Md.	Viete Bon Went
19. (Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed 729/46



.1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

2. USUAL RESIDENCE (HOME) OF DECEASED:

07	892 /
Reg. Dist.	No. 16

CERTIFICATE OF DEATH

County Clarite	(For newborn infants give residence of mother)
1 1 2 - 1 1 - 1	State County
(If outside city or town limits, write RURAL and give nearest town)	1 TT'
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	
Klees There	O(ICE) RU
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
11. 2. 1	
William Serjamus Halley	218-10-6276
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divosed	MEDICAL CERTIFICATION
m 10-0 Paril	20 DATE DE DESTRI CULQUEST 12 1046 017:00 P.M
My ceat rough	20. DATE OF DEATH. Curyual 12 19.46, 21/, 00 P. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	
7. Birth dale of	and that I last saw h
deceased (mo., day, yr.) Q.ac. 1, 1893	Immediate cause of death
8. AGE: Years Months Days If less than one day	Multiple frae, report , left
52 8 //hrsmin.	Freeting) of Lewis -
Act : 201	
9. Birthplace (Town, county, and state)	Due to
(lown, county, and state)	
10. Usual occupation	Bus In
	Due to
11. Industry or business	
# 12. Name arthur Sules	Other conditions
\$ 13. Birthplace westmoreland Plo. Va.	
	(Include pregnancy within 8 months of death)
E 14. Malden name. 22. Sailey	Major findings of operations.
15. Birthplace	
al 15. Birmplace	Date of op.
16. Informant DM / Sentha La / wakereston	Antopsy results.
Address 428 annale and . Bitte . md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 42 8 amale and Italia. Md	22. VIOLENCE: If death was due to external causes, fill in the following:
17 / Survey Date thereof alleg: 6.46	Accident, suicide, a homicide les deuts Dale of S - 1 2 - 46
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where dld injury occur? (City or town) (County) (State))
a /+ c /	
Location	Injured at home, farm, industry, public place (where) Lies Marie 1
10 Europa disease Mange B. Kelson	Means of Injurality acceptant Injured et work?
18. Funeral director.	1
Address (3 a & Predature it. Balto, mel.	1 1kmh FE TID Ne die Olyania
	23. SIGNATURE M. D. or other
11 1/3 146 Apricasing	(Rest. 1 Mes Class /4)
19. (Date rec'd by registrar) Registrar	Address Date signed

AUG 15 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07893

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Queen Anne's City or town. Queens town (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
FRANK GEORGE BENTLEY	213-00-1340
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored married	2D. DATE DF DEATH. August 12, 19. 46 at 7.00A M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1946, to Aug. 12, 1946, and that I last saw h imalive on August 12, 1946
deceased (mo., day, yr.) ULLY 8, 1090 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Pulmonary Tuberculosis May 1,
50 1 4hrsmin.	1946
9. Dirthplace Queenstown, Md. (Town, county, and state) 1D. Usual occupation Laborer 11. Industry or business 12. Name Thomas Bentley 13. Birthplace Talbot County, Md.	Due to
14. Malden name Georgianna Pratt 15. Birthplace Talbot County, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Deceased	Antopsy results
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

AUG 15 1946
BUREAU V B

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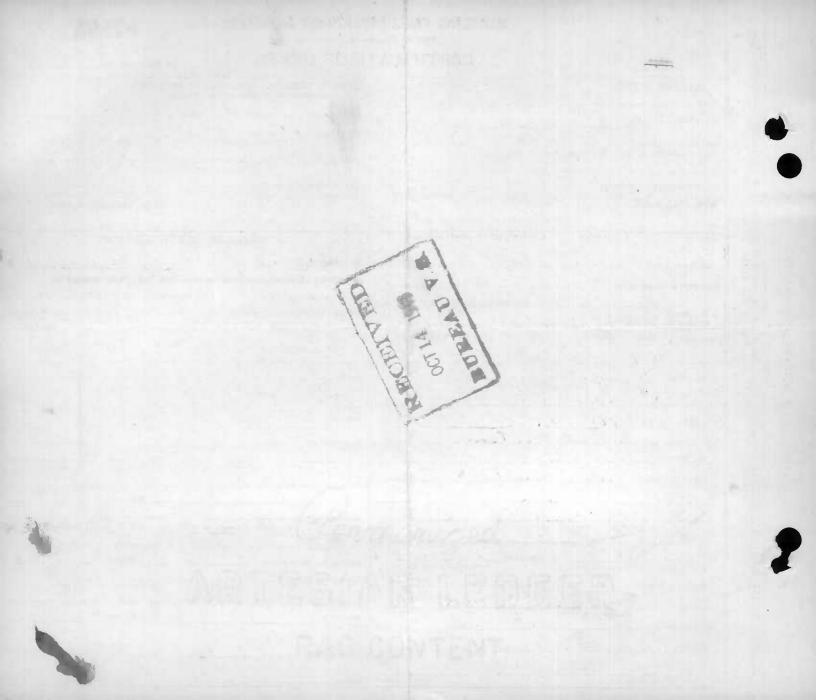
DURATION

SEP 4 194

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?.... 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION BINDING 20. DATE DF DEATH anount 2 5 10 46 al 10.40 Au 21. I CERTIEY that death occurred on the date above stated: that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) Years MARGIN RESERVED 8. AGE: 10 lisual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) import Major findings of operations..... El 15. Birthplace PLAINLY, is especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, suicide, or homicide..... (Burlal, cremation, or removal, Which?) Where did injury occur?(City or town) WRITE Injured al home, farm, industry, public place (where?) ... Means of Injury ured at work? 23. SIGNATURE (Date rec'n by registrar) Registrar

DURATION

(State)



How long in above place of death?

How long in hospital or institution?. 3. (a) FULL NAME

Years

4. Scx

7. Birth date of deceased (mo., day, yr.)

13. Birthplace

14. Maiden na 15. Birthplace

t6. Informant Address

8. AGE:

Hospital, Institution, or street address where death occurred:

(If outside city or town lights, write RURAL and give nearest town)

county, and atate)

(month) (day) (year)

Means of injury

23. SIGNATURE.

Address.

MARYLAND STATE DEPARTMENT OF HEALTH

Injured at work?

.... Date signed. 2

E OF DEATH	Reg. Diat. No.	
2. USUAL RESIDENCE (HON (For newborn infants give residence) State Many City or town	AE) OF DECEASED: lence of mother) County Autoli Latitud RURAL and give	
Street No(If rus	ral, give LOCATION)	
2.(a) If veleran, name war		
W	3. (b) Social Security 705-10-	
MEDICA	AL CERTIFICATION	
20. DATE OF DEATH augu	J 8 1944	99.
21. I CERTIFY that death occurred on the	1946 to ang.	leceased from 8 46
and that I last saw h.falive on	ang. 70	1844
Immediate cause of death	Occlusie	Fee Lui
Due to Commy	Erten Selvas	5 yn.
Oue fo	<i>O</i>	
Other conditions Cerebra	e Arteniselve	: 3 yn.
(Include pregnancy	vithin 3 months of death)	
Major findings of operations	Come Done	
Actopsy resolts	Doce Dale of op	ged statistically.
22. VIOLENCE: If death was due to ex	dernal causes, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City of	r town) (County)	(State)
Injured at home form industry nubile	nlace (where?)	

(Date rec'd by registrar)

A15 VS

BINDING

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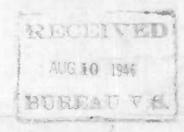
MARGIN RESERVED

important.

PLAINLY, is especially

WRITE

PLEASE



CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: County Carroll City or term Henryton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town	Cily or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 612 Cumberland St.		
Colored Branch, Henryton, Md.	2.(a) If veteran, name war.		
3. (a) FULL NAME JOSEPH BRADFORD	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male colored single	MEDICAL CERTIFICATION 2D. DATE OF DEATH AUGUST 3, 19 46 31 2.00 A		
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from		
8. AGE: Years Months Days if less than one day 20 3 10 hrsmin.	Pulmonary Tuberculosis June		
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business	Due to		
12. Name Malcolm Bradford 13. Birthplace Harford County, Md.	Other conditions.		
14. Malden name Mable Franklin 15. Birthplace Anne Arundel County, Md.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Deceased	Autopsy results		
17. Burial, cremation, or removal Which? Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Baltimare City 18. Funeral director Selv St. Kelson	Injured at home, farm, industry, public place (where?)		
Address /3 03 Pierstman, St. 19. 8/3 (Date rec'd by registrar) 19. 46 Deputy Local Registrar	23. SIGNATURE Leulen Affina, M. D. or other Address. Henryton, Md. Date signed 8/3/46		

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECED

AUG 7 1945

BUREAT

CERTIFICATE OF DEATH

W-3 F				11.1	
1. PLACE OF DEATH: County Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? 1 month, 1 day Hespital, Institution, of street address where death occurred: Sanatorium Colored Branch, Henryton, Md. How long In hospital or Institution? 3. (a) FULL NAME			State Maryland Councillation Baltimore City or town Cif outside city or town limits, Street No. 324 N. Carey S	write RURAL and give nea	rest town)
3. (a) FULL NAME		ETH BUTLER		3. (b) Social Security 1 213-20-1(
4. Sex		B.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	770
., .,.	colored		20. DATE OF DEATH August 23		2.50A
7. Birth date of deceased (mo., day, y 8. AGE: Years	April Months	Days If less than one day 27hrs	and that I last saw her allve on Aug Immediate cause of death	gust 23,	18 46 DURATION Dec.15 1945
10. Usual occupation 11. Industry or business 12. Name	Domestic	S. C. nty, and state) tler	Due to		
Phyllis Gunthroy 15. Birtholace South Carolina			Major nodiogs of operations.	Date of op	
16. Informant Bessie Cherry Address 324 N. Carey St. Baltimore Md. 1 Display Date thereof (month) (day) (year)			PHYSICIAN. Plance moderline the cause to wh	ses, till in the tollowing:	statistically.

PLEASE

MARGIN RESERVED FOR BINDING

correct age

8/23 (Date rec'd by registrar) 46

Registrar

23. SIGNATURE Henryton,

Means of Injury

Injured at home, farm, Industry, public place (where?)

(County)

injured at work?

AUG 28 1945
BUREAL VE

2411 N. Charles St., Baltimore /3

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DT	ICIC	ATE	OF	DE	ATL

/		CERTIFICAT	TE OF DEATH	Reg. Dist. No	74		
How long in above pi Hospital, institution Tubercu	oll enryton If outside city or town lif lace of death? 2. da , or street address where alosis San If or Institution?	mits, write RURAL and give nearest town) ys death occurred: Maryland atorium(Colored) me as above	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1710 Etting Street (If rural, give LOCATION)				
3. (a) FULL NA	J	AMES MATTHEW CARTER		3. (b) Social Security 218-10-			
4. Sex male	5. Color or race colored	6.(a)Single, married, widowed, or divorced Single	MEDICAL CE	ERTIFICATION 19.46	,at11:00		
T. Birth date of	***************************************		21. I CERTIFY that death occurred on the date abo Aug. 15	46 to Aug. 17	7 19.46		
O. ALGE.	ears Months 451 11	B, 1900 Days If less than one day 9 hrs. min.	Immediate cause of death		DURATION May		
1D. Usual occupation	on Presse	Va. county, and state)	Due to		1944		
12. Name 13. Birthplace	Williamsb	arter urg, Va. nks	Other conditions	nonths of death)			
Address 17. Cemetery or cremate Location	Henryton, Lion, or removal. Which? Matory Adolph 9/8 klu	Md. Date thereof. (month) (day) (year) Colored Walstage Und Will Apre.		ses, fill in the tollowing: Date of	(State)		
19. (Date rec'd hy	. 17 46 v registrar)	eputy local Registrar	Address Henryton, Md.	Date signed	3-17-46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

correct age



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &c.

CERTIFICATE OF DEATH

, Dist. No. 76

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Gallow Land	state Md. county Carroll
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Westminster m. A.
How long in above place of death?	(If outside city or town limits, write RURAL sud give nearest town)
Casselfrom of the aged	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Unnie Vassell Oto	ukl you
4, Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	20. DATE OF DEATH. QALO 1946. 223.6 AM
6.(b) Name of husband or wife & devour dv. Clarke	21. I CERTIFY that death occurred on the vate above stated; that t attended deceased from
	19 4 6 to 19 4 6
7. Birth date of	and that i last saw h. C. alive on 19.1
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
78 3- 7hrsmin.	Cerebral hemorrhage 4day
9. Birthplace Carroll Co. md.	Due to.
(Town, county, and state)	atteriorchlerosis
10. Usual occupation	Due to
11. Industry or business	
12. Name Rusten Cassell 13. Birthplace Cassell Bo. Ond.	Other conditions
13. Birthplace Garroll Eo. Md.	(Include programmey within 3 months of death
14. Maiden name Mangaril Schwigert. 15. Birthplace Lo anoll Bo. Ond.	Major findings of operations
\$ 15. Birthplace lo anall Bo. and.	Date of op.
16. Informani W: A. Laria	Autopsy results
Address Violininster, Ind. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	Where did interv occur?
Cemetery or crematory and commentary and commentary	
Location M. salvanester	Injured at home, farm, Industry, public place (where?) Meens of Injury tnjured at work?
18. Funeral director A Company of the Company of th	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Address W polining levy md.	23 SIGNATURE (COSE Wilhers M. D.,
13 17/3 19 46 Helios money	M. D. or other M.D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

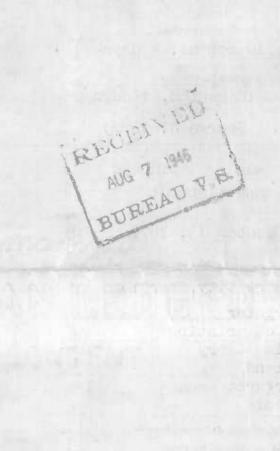
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

CERTIFICATE OF DEATH

1. PLACE OF DEAT		Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)			
City or town(If outs How long in above place of Hospital, Institution, or st	Rural side city or town death? 10 n reel address where Springfi	near Sykesvil limits, write RI NONTHS ; e death occurred: e!d State Hosp	lle URAL und give nearest town) 4 days pital				
	stitution?LO	months	s, 4 days	2.(g) If veteran, name war			
3. (a) FULL NAME	Ge	orge	J. Curry	3. (b) Social Secur	ity Number		
4. Sex Male	5. Color or race White		, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. August 3 19. 4	6 .8:40p.		
6,(b) Name of husband or 7. Birth dale of deceased (mo., day, yr.)	Ootobe	6.(c	rdt) If allve, give ageyears 1871	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from November 21 19.45 10. Aug. 3 19.46			
8. AGE: Years	Months 9	Days 20	If less than one day	Immediate cause of death	18 mo.		
9. Birthplace Baltimore City, Maryland (Town, county, and state) 10. Usual occupation Printer 11. Industry or business Job printing				xxx Cancer of the skin (of the face)	unknow		
13. Birthplace Ir	eland	ırry		other conditions Senile psychosis, paranoid type	78		
	largaret hemia	Rauh		(Include pregnancy within 3 months of death) Major findings of operations. Bale of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If deafh was due to external causes, fill in the following:			
16. Informant	Springrieid	State Hospital					
(Burial, cremation, o	r removal. Which		Que 7/116				
Location	Your Panel	0400 E4 1	15 In	Injured at home, farm, industry, public place (where?) Meens of injury Robert Bertrand May, M.D. A A A A A A A A A A A A A A A A A A A			
19. (Date rec'd by regis	(19.44 (trar)	C	Harry Street	23. SIGNATURE—Springfield State Hospital Address. Sykesville, Maryland Date sign	D. or other 8-3-46		



(Date rec'd by registrar)



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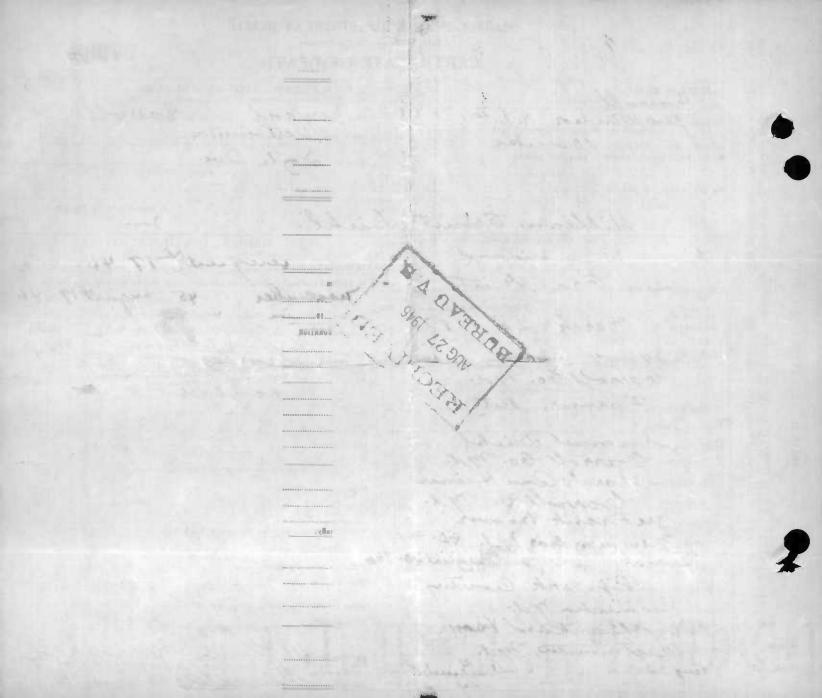
MARYLAND S ATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	State Paryland County Carroll
(If outside city or town limits, write KURAL and give nearest town)	
How long in above place of death? 10 20 cales	(12 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Dayle Que.
*	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 2	3. (b) Social Security Number
www.	ichl 7 m
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
My Widowed	20. DATE OF DEATH. Cenquest 17 19 46, 21 10:20 A. M
6.(b) Name of husband or wife Ora Gitt	21. I CERTIFY that death goourned on the date above stated; that I attended deceased from
	Machille 13 45 10 august 17 18 46
7. Birth date of	and that I last saw him alive on auguet 17 1946
deceased (mo., day, yr.) yarch 26 - 1872	Immediate cause of death
8. AGE: Years Months Days If less than one day	assending celon 11 ms
74 4 28hrs,min.	c metastices.
9. Birthplace Garroll Co. M. L. (Town, county, and state)	Oue to Securlary areas
	Cashexus
10. Usual occupation Frances Rest.	Oue to
11. Industry or business	
12. Name, Sumuel Diehl 13. Birthplace Carroll Co. md.	Other conditions
13. Birthplace Carroll Co. md.	(Include pregnancy within 3 months of desth)
14. Maiden name Sarah Com Haines 15. Birthplace Carroll Co. 7d.	(Include pregnancy within 8 months of death)
14. maiden name.	Major findings of operations.
15. Birthplace Carroll Go. 7d.	Oate of op,
16. informant The French Track	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Dew Windson, md. R.D. #1	
17. Burial Date thereof Quegues 20.194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (mean) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pipe Creek Cumiling	Where did Injury occur?
Location Fire Wies door my d.	Injured at home, farm, Industry, public place (where?)
1/12 / / / / / / / / / / / / / / / / / /	Means of injury injured at work?
18. Funeral director annear	112101
Address Westminster, myd	23. SIGNATURE William Speechler
19 aug 20 1946 Even Byredel	M. D. or other
(Date rec'd by registrar) Registrar	Address I State Will Will Bate signed 5 1 9 4 6



2411 N. Charles St., Baltimore

2411 N. Char	DEPARTMENT OF HEALTH rlos St., Baltimore Reg. Diat. No. 74		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Real time residence Maryland		
3.(a) FULL NAME JULIA DIGGS	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored widow	MEDICAL CERTIFICATION 2D. DATE OF DEATH AUG., 11 a 19 46 at 3.00P at 19 46		
female colored widow 6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 19.46, to Aug. 11, 19.46 and that I last saw h er alive on August 11, 18.46 Immediate cause of death Pulmonary Tuberculosis Due 10. Due 10.		
10. Usual occupation Dome stic 11. industry or business 12. Name Kenneth Carter	Due 1 c.		
Kenne th Carter 12. Name Kenne th Carter 13. Birthplace Unknown 14. Maiden name Camilla Jackson 15. Birthplace Unknown	Other conditions		
16. Informani Deceased Address 17. Sumul Date thereof May 15-46 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Antopsy results		
Location Sultinger City 18. Funeral director Story Address 3 3 3 Telephone Act 19. 8/11 19. 46 Allege Secretary	Where did injury occur?		
19. 8/11 19. 46 Deputy Local Registrar)	23. SIGNATURE M. D. or other W. D. or other		

VS A15

MARGIN RESERVED FOR BINDING



STATE OF THE PARTY OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

2411 N. Charlee St., Baltimore

07905

M. D. or other

.Date signed

			CERTIFICAT	TE OF DEATH Reg. Dist. No	74
How long in above place Hospital, institution, of Marvlan	Henryton coutside eity or town i ce of death? 1 y or streel address where id Tubercu Branch, or institution?	dealh occurre	wural and give nearest town) mos., 23 days s Sanatorium rton, Maryland DOROTHY ELIZAE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	re nearest town)
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	col.	5	single	20, OATE OF DEATH, August 27, 194	6 .6:20P
7. Birth date of deceased (mo., day 8. AGE: Yea 1	yr.) Janua: Months 7 Charlott (Town none	ry 6, Days 21 e Hall county, and	c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended June 4, 19.45, to Aug.s. and that I last saw h. Or alive on August 27, Immediate cause of death Pulmonary Tuberculosis Due to	27, 19.46 19.46 April] 1945
15. Birthplace 16. Informani Address	Deceased	te Ha		(Include pregnancy within 3 months of death) Major findings of operations	
17. Burial, crematic Cemetery or crema Location	on, or removal. Which	per (month) (day) (year)	Accident, suicide, or homicide	(State)

Registrar

Henryton, Md.

VS A15

Aug. 27,

AUG 30 1946 BUREAU VE 2411

N.	Charles	St.,	Balti	more	13	9)			
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eg.	Die	4. 1	No.		14	

CERT	FI	CA'	TE .	OF	DEA	TH
V.C.R			I C.	()C	170.0	

CERTIFICAT	E OF DEATH Reg. Dist. No			
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)	State Maryland County			
How long in above place of death? 1 month, 17 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospilal, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 1622 E. Lombard Street			
Maryland Tuberculosis Sanatorium	(If rurel, give LOCATION)			
Colored Branch, Henryton, Md.	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
WILLIAM ELLISON	None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male colored married	2D. DATE OF DEATH August 12, 1946 at 6.55Am			
6.(b) Name of husband or wife Martha Ellison	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from June 25, 19 46 to Aug. 12, 19 46			
7. Birth date of deceased (mo., day, yr.) April 12, 1894	and that I last saw h im allve on August 12, 19 46			
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis Sept.			
52 4 · 0hrsmin.	rumonary inderediosis 5690.			
9. Birthplace Greensville, N. C. (Town, county, and state)	Due to			
10. Usual occupation. Laborer				
	Due to			
11. Industry or business 12 Name William Ellison				
	Other conditions			
	(Include pregnancy within 3 months of death)			
14. Majuti Hallo	Major findings of operations.			
16. Informant	Autopsy results			
Address	22. VIOLENCE: It death was due to external causes, till in the following:			
(Burial, cremation, or removal, Which?) Date thereof (mont) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)				
Cemetery or crematory	Where did injury occur?			
Location	Injured at home, tarm, Industry, public place (where?)			
18. Funeral director.	Meens of Injury Injured at work?			
Address 1303 Prest man. At.	23. SIGNATURE Con Bon My Janas m.D.			
19. 8/12 19.46 albert C. Swands	M. D. or other			
(Date rec'd by registrar) Deputy Local Registrar	Address Date signed VI - Address			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93. L

CERTIFICATE OF DEATH

07907 36 Rog. Diat. No. 26

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Garroll	State Maryland county Carroll
(If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? La 1622	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Winner T. are.
	(If rurnl, give LOCATION)
How long in hospifal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Grant Gunett	yone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
my Widowed	() at J 11/2 : 1
1	2D. DATE DF DEATH
6.(b) Name of husband or wife. Clas Letze Cha	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	and 1 1944 10 Usig 8 1940
7. Birth date of deceased (mo., day, yr.) Dece 28 - 1869	and that Tlast saw h and alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
76 7 28hrsmin.	Mustal
111111	
9. Biripplace Lbarron Co. Pa. (Town, county, and state)	Due to.
	articles and the first
1D. Usual occupation.	Due to
1t. industry or business	
E 12. Name a aron Jurnett 13. Birthplace Pa.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name many any myerley 15. Birthplace	
W 15 Richalace	Major findings of operations
() a sid 48 - 111	
,	Autopsy results
Address Wistminster, md. RD \$3-	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or regoval Which) Date thereof (wonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dans Com. Dans Co. Pa.	Where did injury occur?
Location Estamial Park, Pa	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bankard con	Means of Injury Injured at work?
	Sold Allen Mills
Address Wy formers land.	23. SIGNATURE ASSESSE UN DOUG
19 TT HE VELLENSAME	Aug M. D. gotter
Padistran	The stone of the s

BUREAU V.S.

2411 N. Charles St., Baltimore /3.

07908

			CERTIFICA	TE OF DEATH Reg. Diat. No	74
How long in above place Hospital, Institution, or Waryland Colored How long in hospital or	ryton utside city or town lim of death? 3 more street address where de d Tubercu Branch, Institution?	nth, 1	AL and give nearest town) 4 days Sanatorium on, Maryland	2.(0) 10(c)all, liane wat	earest town)
3. (a) FULL NAMI	CLARA A	INN HAM	MILTON	3. (b) Social Security 217-12-74	
4. Sex	5. Color or race	6.(a)Single, ma	erried, widowed, or divorced	MEDICAL CERTIFICATION	
female	colored	sin	ngle	20. DATE OF DEATH. August 14, 19.46	1.00A M
7. Birth date of	T	6.(c) tf	alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I attended dec April 30.	eased trom
deceased (mo., day, y			L909	Immediate cause of death	DURATION
8. AGE: 18415			hrs,ml	Pulmonary Tuberculosis	3/28/46
9. BirthplacePri 10. Usual occupation 11. Industry or business 12. Name	Dish Wa	ashe r Hamilto	on Md.	Due to	
	Brooks,			(Include pregnancy within 3 months of death)	
14. Maiden name.	Mary Loi		lomas	Major fiadings of operations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Clinton,	, Md.		Date ot op	
18. Informant De	ceased		***************************************	Autopsy results	statistically.
Address 13 (Burial, cremation Cemetery or cremato	or removal, Which?)	Date thereof!	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Location /3	wkla	4 /	mell	Injured at home, tarm, Industry, public place (where?)	
	80 m	0100	lser.	Means of injury tnjured at work?	
18. Funeral director	00/12	rant	lay &.	23. SIGNATURE Reubeus Hoffman.	m.D.
19. 8/14 (Date rec'd by re	1946	Deputy	Local Registre	M. D.	8/14/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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AUG 15 1946
BUREAU V 8

2411 N. Charles St., Baltimore /3

07909

CERTIFICATE OF DEATH

74

			CERTIFIC	71 L A A	Reg. Diat. No	***************************************
1. PLACE OF DE.			***************************************		2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewboru iufauts give resideuce of mother)	
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr, 6 Mo's, 11 days Hospitat, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.					State Maryland county Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) 633 Main Street (If rural, give LOCATION)	
					2.(g) If veteran, name war	
3. (a) FULL NAM	ANN IE	MAE	HENDRIX		3. (b) Social Security N 213-12-688	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL CERTIFICATION	
female	colored	m	arried		20. DATE OF DEATH August 13, 19 46	8.45P
6.(b) Name of husband or wife George Hendrix 8.(c) If alive, give age 32 years 7. Birth date of deceased (mo., day, yr.) May 7. 1917			e) If allve, give age 32	******	21. I CERTIFY that death occurred on the date above stated; that t attended decease January 22, 1945 to Aug. 13 and that I last saw h. er alive on August 13,	ed from 3 , 19 46
deceased (mo., day, y	Months	Days	If less than one day		Immediate cause of death	Jan.
29	3	6	hrs.	. min.		1941
9. Birthplace					Due to	***************************************
11. tndustry or busines 12. Name			mson		Dither conditions	
X 13. Birthplace H 14. Malden name. 15. Birthplace .			J •	- 1	(Include pregnancy within 3 months of death) Major findings of operations.	
15. 8irthplace	Columbia	, S.	C.	1	Date of on.	
10. (niorman)	ceased	•••••			Autopsy results	
Address 17.)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide	
			Shed		Injured at home, farm, industry, public place (where?)	
18. Funeral director	nrsRoberd	Elli	ot + daught		Means of Injury Injured et work?	
Address 112	9n. Car	oline	St.		23. SIGNATURE Paulice Woffman, m	. 6.
8/13 19. (Date rec'd by re	46 gistrar)	eputy	LOCAL Regis	strar	M. D. or Address Henryton, Md. Date signed	1- 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

AUG 19 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 942 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. (If outside city or town limits, write RURAL City or lown carefull mas How long in above place of death?..... outside city or town limits, write RURAL and-give nearest town) Hospital, institution, or street address where death occurred: (If rural, give LOCATION) information of death cle How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or sace 4. Sex 6.(a) Single, married, widowed, or divorce MEDICAL CERTIFICATION item of i FOR BINDING 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ry 1 6.(b) Name of husband or wife .. .B.(c) If alive, give age .. Supply eve 7. Birth date of deceased (mo., day, yr.) Immediate cause of death Days Months If less than one day 8. AGE: RESERVED pla 'ADING INK. Physicians: p (Town, county, and state) 10. Usual occupation MARGIN 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace Major findings of operations LAINLY, especially Autopsy results ... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof Accident, suicide, or homicide..... (Burial, cremation, or removal, Which? (month) (day) (year) Where did injury occur? WRITE Cemetery or crematory (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 1B. Funeral director SE

Registrar | Address.

(Date rec'd by

DURATION

(State)

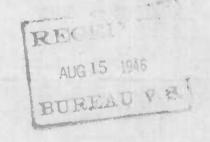
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

CERTIFICATE OF DEATH

0791176

1. PLACE OF DE	ATH: Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Westminst	.er	State Maryland Co	Carroll Carroll	
(If	outside city or town lin	or nits, write RURAL and give nearest town)	City or town. Westminster (1f outside city or town limits, write RURAL and give nearest town)		
How long in above plac	e of death?r street address where d	15 years			
Fri	nger Nors	ing Home		n St LOCATION)	
		4 months	2.(a) If veteran, name war		
3. (a) FULL NAM			at ay 11 reterant name na	3. (b) Social Security Number	
J. (G) I OLL HAM		Anna May Horn		213-05-1605	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
female	white	widowed	2D. DATE OF DEATH August	10 1946 at 11 a. m	
8.(b) Name of husband or wife William R. Horn			21. I CERTIFY thal death occurred on the date at	bove stated; that I altended deceased from	
08 00 00 00 00 00 00 00 00 00 00 00 00 0				35 leng 10 1946	
7. Birth date of deceased (mo., day.	yr.) Jan	uary 2, 1895	and that I last saw h. E. V. alive on		
8. AGE: Year		Days If less than one day	Immediate cange of death	DURATION 2 mg	
51	7	8min.	Myradil	o (Chr)	
	Hagerstwo	n. Md.	Due to Hepholis	(chr)	
	(IOWII,	county, one state)	500 10		
1D. Usuat occupation.	labo	r	Due to 14 year lines		
11. Industry or busine	ss				
12. Name	Charles S	pringer	Diher conditions		
13. Birthplace	Marylan	đ			
出 14. Malden name	Not kno	wn	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace	11 11				
	Mice Fmm	a Horn		Date of op.	
16. Informant			PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
Address		ter, Md.	22. VIOLENCE: If death was due to external Co	The following:	
17. buri	al n, or removal. Which?)	Date thereof	Accident, suicide, or homicide	Date of	
		minster Cemetery	Where did injury occur?(City or town)	(County) (State)	
		inster, Md.	II .	where?)	
		rancis Reese	Means of Injury	Injured at work?	
A			11 (1)	Samuelle Mary	
Address		ninster, Md.	23. SIGNATURE	/	
19. 47/2	- 19.46 egistrar)	Howardson	1. Wyshin	flu nd D. or other	
(Dato rec'd by r	egistrar)	Registray	Address	Date signed	



2411 N. Charles St., Baltimore

correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

PLEASE WRITE

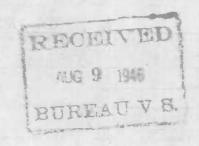
VS A15

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

U79174 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
County Carroll Henryton Maryland	state Maryland county		
City or town Henryton, Maryland (If ontside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 15 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or atreet address where death occurred:	Street No. 119 N. Schroeder St.		
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
SADIE JACKSON			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female col. widowed	20. DATE OF DEATH August 5, 1946 210:30		
	21. I CERTIFY that death occurred on the date above stated; that t ettended deceased from		
B.(b) Name of husband or wife	July 20, 19 46 to August 5, 19 4		
7. Birth date of 3.5	and that I last saw h. er alive on August 5.		
deceased (mo., day, yr.) May 20, 1908	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis May 1		
38 3 15hrsmin.	1946		
Darlington S.C.	Due to		
9. Birthplace Darlington, S.C. (Town, county, and state)	Due 10.		
10. Usual occupation Domestic	B. L.		
11. Industry or business	Due to		
	Other conditions.		
12 Name Eddie Stevenson 13. Birthplace Darlington, S.C.			
El 13. Biringiace Dailling Con. D. C.	(Include pregnuncy within 8 months of death)		
14. Malden name Lillie Pauley 15. Birthplace Darlington, S.C.	Major findings of operations		
Darlington, S.C.	Dale of op.		
16. Informant Edna Lunn (Sister)	Autopsy results		
Address , 917 W. Fayette St., Balto.	PHYS1C1AN: Please underline the cause to which death should be charged statistically.		
0/1/1/1/1/	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mont Gon	Where did injury occur?		
Bith mill	Injured at home, farm, industry, public place (where?)		
Location	Meens of injury Injury Injured at work?		
19. Funeral director ACU JR Williams	moune or injuly		
Address 3224 Schrouder	23. SIGNATURE Cecheer Hoffman, m.D.		
Aug 5 As allered Roma Il	M. D. or other		
19. Aug. 5. 19. 46 West K. Swall Registrar Deputy Local Registrar	Address Henryton, Md. Date signed 8-5-4		



VS A15

MARYLAND.	STATE	DEPARTMENT	OF	HEALTH

				TE OF DEATH Reg. Diat. N	74
How long in above Hospital, institut Maryle	Henryt (If ontside city or town e place of death? 1 y on, or street address where	r, 4 m e death occurred	URAL and give nearest town) LOS., 14 days E. Sanatorium ton, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and g Street No. 818 N. Carrollton AV (If rural, give LOCATION) 2.(a) If veleran, name war.	rive nearest town)
3. (a) FULL	NAME		LEROY JAMES	3. (b) Social Sec	curity Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	N
male	col.		married	20. DATE DF DEATH August 30., 19	46 at 3:50A
8.(b) Name of husband or wife					30, 19 46
8. AGE:	Years Months 40 11	Days 24	If less than one dayhrsmin.	Immediato case of death Pulmonary Tuberculosis	Nov. 1943
10. Usual occup	usiness	orer	rgia	Due to.	
12. Nama			***************************************	Other conditions	*******************************
-			na	(Include pregnancy within 3 months of death) Major findings of operations	
t6. informant				Autopsy results	
Cemetory or c Location	Thalk, a	Jetus Mario	(month) (day) (year)	Where did injury occur?	(State) k? M. D. or other

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

Henryton, Md. Bate signed 8/14/46

			0211111		Reg. Diat. No.		
1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr, 4 mo's, 1 day Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arundel		
					City or town Annapolis (If ontside city or town limits, write RURAL and give nearest town) Street No. 26 Northwest Street		
Colored of How long in hospital or	Branch, b	enryt	on, Md.		(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME		VIVI	N JOHNSON		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced		MEDICAL CERTIFICATION		
female	colored	si	ngle		20. DATE OF DEATH August 14, 19 46 , 17. 35P		
8.(b) Name of husband or wife			of alive, give age	- 11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 13, 19. 45, to Aug. 14, 19. 46 and that I last saw h. er alive on August 14, 19. 46		
8. AGE: Years 31	Months	Days 6	If less than one dayhrs.	min.	Pulmonary Tuberculosis Pulmonary Tuberculosis 1944		
9. Birthplace Annapolis, Md. (Town, county, and state) 10. Usual occupation Domestic 11. Industry or business					Due to		
12. Name	Aaron Jo Annapol:		1 1.	******	Dither conditions		
14. Malden name	Martha .	Johns	on		(Include pregnancy within 3 months of death) Major fiadings of operations		
2 15. Birthplace Annapolis, Md. 16. Intormant Déceased Address 17. Bu R M. Burland, cremation, or removal. Which?) Cemetery or crematory. BROW (Many) (year)					Antopsy results		
				5-1	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Location	NNAP	04/	MD		Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director	HI N	ort	Y W. ST		23. SIGNATURE REALIZED HOLLING TO D. D.		
19. 8/14 (Date rec'd by reg	ristrar)	eputy	Local Regi	istrar	Address Hen ryton, Md. Date signed 8/14/46		

RECEIVED AUG 19 1945 BUREAU V.S.

07915

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		CERTIFICATE	OI DLAIII	Reg. Dist. No.
1. PLACE	OF DEATH	2.	USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
City or town. How long in a Hospital, ins	(If outside by or lown limits, write RURAI above place of death?	L and give nearest town)	ty or town	
1	hopital or institution?	7 201 2.6	(If rural, give L	
3. (a) EU	# A	etty Hey	ser	3. (b) Social Security Number
4. Sex	J 5. Color or race 6.(a) Single, marr	ried, widowed or divorced	MEDICAL CEI	RTIFICATION 28 1846 at #30
6.(b) Name	of husband or wife 6.(c) Hall	Theyell 21	I. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
	(mo., day, yr.) Uef 3d	1865 and	nd that last saw h	
8. AGE:	571110	Tess than one day	Chine 1	yviandile 10 m
9. Birthplac	(Town, county, and grate)		e to	
	coupation	neme	e to. Efuly	sy.
HE 12, Nam	ne alm flu	e head	her conditions	
8		My	. (Include pregnancy within 3 mo	
15. Bird	hplace Herm	16	ajor manage or operators.	
16. Informaç Address	Maguelin	in md. PH	atopsy results HYSICIAN: Please underline the cause to which	h death should be charged statistically.
17(Burial,	Cremation, or removal Which?)	X-25/- 46	CVIOLENCE: If death was due to external cause cident, suicide, or homicide	
Cemetery	bific faither & Meinet	· A sand	here did injury occur?(City or town)	
	& German		jured at home, farm, Industry, public place (whe eans of Injury	re?)
18. Funeral	305 Motoma	e at	3. SIGNATURE. M. M.	astur MD.
19. At	Jd by registrar) 19. # 6 C. L.	Jarry Eleer	idress Ayalandle	M. Deor other

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or townSykeaville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Springfield State Hospital	Sireet No. 1702 Harford Avanue (If rural, give LOCATION)
How long in hospital or institution? 37 yrs. 2 mo. 22 da.	2.(a) If vateran, name war

3. (a) FULL NAME

correct age

information carefully of death clearly and

hpply every item of se write the causes

Erzob

important.

PLAINLY, is especially

PLEASE

Address

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

3. (b) Social Security Number

MEDICAL CERTIFICATION

		Anı	nie Koe	stler
4. Sex	5	5. Color or race		e, married, widowed, or divorced
fema	le			ngle
6.(b) Name of	husband or	wife		
7. Birth date o	f	unkne		c) If alive, give ageyears
8. AGE:	Years	Months	Days	If less than one day
ble	69			
9. Birthplace. 1D. Usual occ 11. Industry o	upation	noı	28	and.
当 12. Name		cob Koe	stler	
E 14. Mald		unknown		

20. DATE OF DEATH August 3. 1.946 at 6/30 Am 21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from January 1. 1946 to August 3. 1946

DURATION General Arteriosclerosis

Date of op.

Diher conditions .. Pulmonary ... Oedena (Include pregnancy within 3 months of death)

Major findings of operations.....

10 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?

(City or town) Injured at home, farm, Industry, public place (where?)

Meons of Injury

Injured at work?

Sykesville, Maryland

16. Informant Hospital Records

Date thereof. Cara. 13.1946 (month) (day) (year)

Registered No. CERTIFICATE OF DEATH 48 1. PLACE OF BEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (a) State Mod. (b) County Wa (b) Street address Kural near Lypesville (c) Hospital or institution: Carroll Chunty (c) City or town Hagers carefully egibly. (If outside city or town limits, write RURAL and give town) (d) Street No... (If rural give location) (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Citizen of foreign country?.....(Yes or No) (e) Length of stay in Baltimore (yrs., mos., or days)..... If yes, name country..... 3 (a) FULL NAME 3 (c) Social Security Account 3 (b) If veteran, name war MEDICAL CERTIFICATION No. 20. DATE OF DEATH Queguet 16 1946 at 4 5. Color or race 4. Sex 6 (a) Single, married, widowed, or divorced. 21. I certify that I took charge of the remains described above, held an May Outrass thereon and from the evidence obtained 6 (b) Name of the Driver Autopsy, In Dection or Inquiry 6 (c) If alive, give age by said Autopsy, Inspection or Inquiry, find that said deceased came years 7. Birth date of deceased (mo., day, yr.) to death on the day stated above, and death in my 8. AGE: Years Months Days If less than one day opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were:hr. IMMEDIATE CAUSE OF DEATH Subarachnoid 9. Birthplace.. (Town, county, and state) 10. Usual Occupation 11. Industry or business Due to 12. Name John 13. Birthplace Other Conditions 14. Maiden Name. (Include pregnancy within 3 months of death) 15. Birthplace 22. If an external cause was primary or contributing acuse of death, fill in the following: 10:15 7. (a) Date of injury 5-15-46 at (b) Date thereof (Eurial, cremation, or removal) (month) (day) (year) (b) Where did injury occur Derme (1984) Kose (c) Did injury_occur at home, on farm, industrial place, in public (c) Cemetery or crematory. While at work? (V o (d) Means of injury... 18 (a) Funeral director.... Hagerstown. Md. 23. Signature (b) Address ... Medical Examiner. Date signed 8-17 (Date reed by registrar) VS 151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

1. PLACE OF DEATH: county Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 month, 8 days Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How long in respitator institution ch, Henryton, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1116 E. Lombard St., (If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
BERTHA MORRIS	220-24-5762		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored married	20. DATE OF DEATH August 20, 19 46 at 1.15A.		
B.(b) Name of husband or wife Samuel Morris 6.(c) If allve, give age years T. Birth dale of deceased (mo., day, yr.) May 4, 1909	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from June 12, 19.46, to Aug. 20, 19.46 and that I last saw h. er. alive on August 20, 19.46.		
8. AGE: Years Months Days If less than one day 37 3 16	Immediate cause of death Pulmonary Tuberculosis Jan. 1946		
9. Birthplace Preston, Ga. (Town, county, and state) 10. Usual occupation Waitress 11. Industry or business 12. Name Julius Young Williams	Due to		
13. Birthplace Preston, Ga.	(Include pregnancy within 3 months of death)		
14. Maiden name Willie Williams 15. Birthplace Preston, Ga.	Major findings of operations		
1B. Informant Deceased	Autopsy results		
17. Shift Signature (Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Macon Sa 18. Funeral director MNS. Notif Ellerthy Daugstes	Injured at home, farm, Industry, public place (where?)		
Address //29 N. barring of	23. SIGNATURE Newboys Hoffman, M.D. or other		
19. 8/20 (Date rec'd by registrar) 19. 8/20 Deputy Local Registrar	77 363		

AUG 22 1945 BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

1. PLACE OF DI	Ca	rrol	**********************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Maryland County Carroll City or town rural near Sykesville (If nutside city nr town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
City or town Flo	hrville,	rura]	nr Sykesville			
	or street address where o		d:			
	or Institution?					
3. (a) FULL NAM						
J. (G) I ULL HAI		ert A	andrew Norris	3	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white		married	20. DATE OF DEATH August 15	19.46	11:00 ^D
8.(b) Name of husband Gernand	d or wife Mario	e Eli	zabeth (c) If alive, give age 47 years	21. I CERTIFY that death occurred on the date above structured on the date	, to Aug. 1	5 1946
7. Birth date of deceased (mo., day,	yr.) August	1, 1	899	and that I last saw h		
8. AGE: Year		Days	If less than ooe day	Coronary occlusion	***************************************	
47		14	hrs,min.	JOI OHALY OCCIONION		instant
B. BirthplaceBa	ltimore C	ity, county, and ary e	Maryland state) engineer	Due to Hypertensive card disease, o	iovascular f more tha	n 1 yr.
	ss public			Due to		, ,
			is		***************************************	
12. Name. Ce			Maryland	Other conditions		
	Mary Kea	rnev		(Include pregnancy within 8 mouth	as of death)	-!
			, Maryland	Major findings of operations lumbar s	ympathecto	omy v. 1945
	•		Cecil Norris	Antopsy results		
Address	kesville,		- 4.4	22. VIOLENCE: If death was due to external causes,		
17. Burial, cremating	n, nr remnvah Which?)	Date ther	eof 8-19-46 (mnnth) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory Trues	che Th	ark amiling	Where did injury occur?(City or town)	(County)	(State)
Location Z	redlawn,	Ba	B. mil	Injured at home, farm, industry, public place (where?)		
18. Funeral director	C. Has	ry !	Weer	Means of Injury Robert Bertrand May,	Injured at work?	
Address Aylessille, My.				23. SIGNATURE Robert Bot	- U4M2	y MD.
19. (Date rec'd by re	19 14 G.	. C.	Harry West	Address Sykesville, Mary	M. D. land Date signed	

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important. AUG 19 1946
BUREAU V.S.

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Man Viete Viete Viete

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 103

CERTIFICATE OF DEATH

07920

CERTIFICA	ALE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED.
County Janoy	(For newborn infants give residence of mother)
	State Deal County Williams
(If dutside city or town limits, write RURAL and give nearest town)	City or town Klsternant
How long in above place of death?	(If outside city or town limits, write RUBAL and give nearest town)
lospitat, institution, or street address where death geources	Street No.
Spring fill Stall of ospillal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Troyall	B Oraner 3. (b) Social Security Number
4. Sex 5. Color or race 5. Color or race 5. Color of race	MEDICAL CERTIFICATION
M W hards	20, DATE DE DEATH JULY 12 19 46, at 3-05
- 11 Investor	
B.(b) Name of husband or wife	21. I CEBIFY that death occurred on the date above stated; that lattended deceased from
	18 7 10 1 19 7
7. Birth date of	and that I last saw harmalive on Assay 19.
deceased (mo., day. yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	f. f.
30 U J	in. Lylas Vallumpula Justa
a state in male.	Due to
9. Birthpiace	
10. Usual occupation.	
1 1 1 1 1 1 1	
11. Industry or business	
12. Name Marin Janes 13. Birthplace	Dther conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name larl tonian	
	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Annual Angula.	Autopsy results
Hold Vine St Western horse	PHYSICIAN: Please underline the cause to which death should be charged statistically.
the state of the s	23_VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof Addition (ddy) (year)	Accident, suicide, or homicide
412/1/20 - 1- 2/4	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Add Bally Co.	injured at home, farm, industry, public place (where?)
10 11 12.0	Means of injury Injured at work?
18. Funeral director.	Will to Vien
Address Westlemport -, They.	23. SIGNATURE A MASLUM AS AUGUSTA
Muse 13 19 46 C. Harry Week	M. D. of other
(Date of d by registrar)	rar Address Assistante Date signed 44
· · · · · · · · · · · · · · · · · · ·	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THARGIN RESERVED FOR BINDING

VS A15

AUG 15 1946
BUREAU V.B.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)



CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Helen Marshall	Patter 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6 It W Widow	20. DATE OF DEATH august 6 1946 at 9:N/pm
6.(b) Name of husband or wife authors w Patter gr	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7000 22-1863	and that last saw here alive on august 6 1946
8. AGE: Years Months Days It less than one day	Immediate cause of death
828 132hrsmin.	Care birth Thimstown 5 days
9. Birthplace(Town, county, and state)	Due to. arterio della socialista della s
10. Usual occupation	
11. Industry or business	Due to
12. Name Jame Mausfall 13. Birthplace Mayland	Other conditions Described mercilians 20 years
14. Maiden name Déuris 15. Birthplace Manyland:	(Include pregnancy within 3 months of death)
mandand.	Major findings of operations
16. Interment authors woodley 3 w	Autopsy results.
Address Reistestown me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Checustin Date thereof any 9/46	22. YIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
(Burial, cremation, or remove). Which?) (month (day)/(year)	Where did injury occur?
Location Bultium md	(City or town) (County) (State)
Sa. a a let	Means of injury tnjured at work?
Address Officers	20 . 00. + 0 1
County 46 John & Huden &	23. SIGNATURE MOUNTAIN C. MM/D. or other
(Date ce'd by registrar)	Address Stangaticul, My Date signed 8-8-46

PECILIVELI AUG 10 1946 BUREAU VE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Carrol 1:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
(If outside city or town limits, write RURAL and give nearest town)	State Mary Land County County		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give ness Street No. 1705 W. Lanvale Street (If rural, give LOCATION)	arest town)	
How on in the Branch, Henryton, Md.	2.(a) tf veteran, name war		
3. (a) FULL NAME	RRIS POWE LL)	Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
gemale Colored Married	20. DATE OF DEATH. August 25, 19.46		
6.(b) Name of husband or wife Louis Powell 7. Birth date of years	21. I CERTIFY that death occurred on the date above stated; that I attended dece June 12, 1946 to Aug. 25 and that I last saw her alive on Aug., 25,	5 . 19 46.	
deceased (mo., day, yr.) April 1, 1918	Immediate cause of death		
8. AGE: Years Months Days If less than one day 28 4 24hrsmin.	Pulmonary Tuberculosis	Jan. 1946	
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation. Housewife	Due to		
11. Industry or business E 12. Name	Other conditions (include pregnancy within 3 months of death)		
14. Malden name Bessie Daphney 15. Birthplace Maryland	Major fiadiags of operations		
18, Informant Deceased	Autopsy results		
17. Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory	Where dld injury occur?		
Location Co.	Means of injury injured at work?		
18. Funeral director Community March 18.	Topic traini		
Address 638 M. Delmen At Wall	23. SIGNATURE Cecles HOffman, M. D.	m.D.	
19. 8/25 19 46 Albert M. Swankham (Date ree'd by registrar) Deputy Local Registrar	Hannahan Ma		

AUG 28 1946
BUREAU

2411 N. Charles St., Baltimore

CERTIFICATE

3. (b) Social Security Number

(State)

.Oate signed 8-4-46

(County)

Injured at work?

L OF	DEATH		Reg. Dist. No.
		(HOME) OF DE	
State Ma	rylan	d County	
City or town.		timore	ite RURAL and give noarest town)
Street No	1520	Orleans :	Street
		(If rurai, give LOC	ATION)
2.(a) If veter	an, name war		

I. PLACE OF DE	mal 1	2. USUAL RESIDENCE (HOME) OF DEC		
TT		State Maryland County		
City or town Her	Iry con	imita write BII	RAL and give nearest town)	
(II e	10	months	, 20 days	City or town Baltimore (If outside city or town limits, write
How long in above place	of death?	doath occurred:		1520 Onloans C
			Sanatorium	Street No. 1520 Orleans S
Colored	Branch	. (If rural, give LOCA		
How long In hospital o	r Institution?	ment y	ton, Md.	2.(a) If veteran, name war
3. (a) FULL NAM	E			3.
		GLADY	S JUANITA PRI	CE
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CERTI
female	col.	9	ingle	August 4
тещате			111610	20. DATE OF DEATH August 4,
B.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date above state
			If alive, give ageyea	Dept. 14, 19 40
7. Birth date of				and that I last saw h er alive on Augus
deceased (mo., day,	yr.) June	21, 19	27	Immediate cause of death
8. AGE: Year	s Months	Days	If less than one day	Pulmonary Tuberculo
1	9 1	13	hrsml	1.
9. Birthplaca	Littleto	n, N.C.	•te)	Due to
	Teundn	to The male	0.00	
10. Usual occupation	Daumar	A MOLK	er	Due to
11. Industry or busines	3\$			
		rice		Other conditions
E 12. Namo	harles P North Ca	201120		Uther conditions
13. Birthplace				(Include pregnancy within 3 months
H 14. Malden name.	RuthPe:	rry		Major findings of operations
HLOW 15. 8irthplace	North	Carolin	าค	
16. Informan1	eceased			Autopsy results
Address				PHYSICIAN: Please underline the cause to which de
Buce	4		aug 1 1946	22. VIOLENCE: If death was due to external causes, fil
17. (Burial gramation	n, or removal. Which			Accident, suicide, or homicide
	m.	Calve	441	Where did injury occur?(City or town)
Cemetery or cremat	ory	200	1.	(City or town)
Location	13000	Injured at home, farm, industry, public place (where?)		
	0 /	0 11	· low	Msens of Injury
18. Funeral director	Elioy.			
11	10-11	TULA	and	1) 2 340

MEDICAL CERTIFICATION	
O DATE OF DEATH August 4, 19.46	1:40
1. I CERTIFY that death occurred on the date above stated: that I attended de Sept. 14. 18. 45. 10. Aug.	ceased from
ind that I last saw h. er alive on August 4,	194
Pulmonary Tuberculosis	Aug.
	1945
ue to	****
ue to	*****

ther conditions	****
(Include pregnancy within 3 months of death)	
Tajor findings of operations	通知
Date of op	
Autopsy results	ed statistically.
2. VIOLENCE: If death was due to external causes, fill in the following:	

Henryton, Md.

23. SIGNATURE.

Registrar Address.

VS A15

MARGIN RESERVED FOR BINDING

tem of information carefully. The causes of death clearly and legibly.

ADING INK. Supply every item Physicians: please write the caus

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

Aug. 4,

46

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A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CEDTIFICATE OF DEATH

179247

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If nutsidu city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence ut mother) State County County County City or town (If nutsidu city ur tuwn lights, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 3. (a) FULL NAME 4. Sex 5. Color or racp 6. (a) Single, married, widowed, or divorced	3.(b) Social Security Number
M W Married	MEDICAL CERTIFICATION 20. DATE OF DEATH August 25 19 6 28 33 0 /2
6.(b) Name of suspend or wife Sadie E Offsten 8.(c) If allve, give age 7.9 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Services Services Services Selections In the service Services Selection Selectio
9. Birthplace	Due to Manual Manual 15 400
10. Usual occupation	Due to.
12. Name Leoy & Pholen 13. Birthplace	Dther conditions
14. Maiden name Corey Muelles 15. Birthplace	(Include pregnancy within 8 munths of death) Major findings of operations.
16. Informant May James & Rhotgu	Autopsy results
Address Hampstead me	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burian, cremation, ur removal. Which? Bate thereof. (month) (day) (year) Cemetery or crematory.	Where did injury occur? (City ur tuwn) (Connty) (State)
Location Bulb to mid	Injured at home, farm, Industry, public place (where?)
18. Funeral director Saw College	Meens of Injury Injured at work?
aug 26 ,46 Men E. Hagher	23. SIGNATURE PRUSINE C. Vastus field M. D. 6. other
(Data rec'd by registrar) Registrar	Address Date signed 3- 20 3



do de la compania del la compania de la compania de la compania del la compania de la compania del la compania de la compania del l

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Anne Arundel		
Henryton Ma			
How long in above place of death? 6 months, 25 days	City or town Annapolis (If outside city or town limits, write RURAL and give nearest	town)	
Hospital, Institution, or street address where death occurred:	Street No. West Street Branch P.O. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 216-07-5469		
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.			
How long in hospital of institution?			
3. (a) FULL NAME			
CHARLES HENRY ROL			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male col. married	2D. DATE DF DEATH. AUGUST 4, 19.46, al	0:00A	
6.(b) Namo of husband or wife Osceola Robinson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased f	rom	
o.(o) name of name of me	January 9, 1, 46 ,Aug. 4,	19.46	
7. Birth date of	and that I last saw h im alive on August 4.	19.46	
deceased (mo., day, yr.) January 26, 1899	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis	am.	
47 6 8hrsmln.		1945	
9. BirthplaceDowningtown. Pa. (Town, county, and state)	Due to	····	
Wamahant Casman			
	Due to	•••••	
11. Industry or business			
12. Name Henry Robinson 13. Birthplace Richmond, Va.	Dther conditions		
∑ 13. Birthplace Richmond, Va.	(Include pregnancy within 3 months of death)		
E 14. Maiden name Florence Johnson			
15. Birthplace Berkley, Va.	Major findings of operations		
	Date of op.		
16. Informant. Deceased	Autopsy results	tically.	
Address			
Burial Date thereof 8-7-46	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Drewer Hell Comully	Where did injury occur?	ate)	
Location west St. litid annapolis	Injured at home, farm, industry, public place (where?)		
C+1. 11 7/:11	Mesns of injury Injured at work?		
18. Funeral director.	2 56		
Address 45 Northwest St. annapolis	23. SIGNATURE Queles Hoffing M. D. or other	her	
19. Aug. 4, 19 46 Allert R. Seen About Deput V. Local Registrar	Address Henryton, Md. Dato signed 8-4-46		
(Date fee any registrat)	Auuress		

Deputy Local

AUG 9 1946 BUREAU V 8

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	TH:	7		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Westmi	nster	RURAL and give nearest town)	State Maryland County Carroll		
		E0 37		City or town Westminster (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of Hospital, Institution, or			ears	(If outside city or town limits, write RURAL and give nearest town)		
mospital, institution, of	Stiest audiess whole	Beally decalle	u•	Street No. 13 Ridge Road (If rural, give LOCATION)		
How tong in hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
District Labor		An	na Maria Royer			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white		widowed	20. DATE DF DEATH. AUGUST 23 19.46 at 5 a, M		
6.(b) Name of husband of	r wife J	ohn T	. Rover	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Otto Hame of Hassana			c) If alive, give ageyea	20 1946 10 Ung 2 3 1946		
7. Birth date of	75 7			and that I last saw he alive on and all last saw he alive on and all last saw he alive on and alive on alive on and alive on alive on and alive on and alive on and alive on and alive on alive on and alive on		
deceased (mo., day, yr 8. AGE: Years	Months	20 g	If less than one day	Immediate cause of death		
78	5	3	hrs. mle	Mygcardial		
10				Jacquisarion 2412		
9. Birthplace	De COU (Town,	county, and	ryland	Due to		
10. Usual occupation	non	e	***************************************	Mil		
11. Industry or business				Due to.		
Si 12. Name Si	amuel We	ybrib	ht	Differ conditions Servel Associates 5 150		
12. Name	Maryla	-		Inotable arterias chleratio		
H 14 Molder name	Mary A		ader	(Include pregnancy within 3 months of death)		
14. Malden name	Marvla			Major findings of operations.		
			Darram	Date of op.		
16. Informant		_	Royer	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	Westmin		Md.	22. VfOLENCE: If death was due to external causes, fill in the following;		
17 buria]	or removal Which?	Date ther	eof	Accident, suicide, or homicide		
			anch Cemetery			
			er, Md.			
	T T		s Reese	Meens of Injury Injured at work?		
1B. Funeral director				1 · 0 ho		
Address	West	minst	er, Md.	7 23. SIGNATURE SELECTION OF THE PROPERTY OF T		
19,	9 1946	- OK	worden	Chestring and Flagle		
(Date month by work	reamn mil			THE ADDRESS OF THE PARTY OF THE		

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AUG 26 1944

BUREAU VE

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Carro County .. / Su. carefully. hour death clearly (If rural, give LOCATION) information of death cle How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i FOR BINDING 6.(b) Name of husband or wife..... Jugust 1 1946 to Quenst 1 19 and that I last saw h. R.K ... alive on Laugus + 7. Girth date of deceased (mo., day, yr.) DURATION Supply lease wri If less than one day 8. AGE: MARGIN RESERVED 9. Birthplace 1- Arys Lea Carrell
(Town, county, and state) 10. Usual occupation... 11. Industry or business 12. Name WM. (Include pregnancy within 3 months of death) Major findings of operations...... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE injured at home, farm, injustry, public place (where?) Injured all work? Meaos of Injury

(Date r c'd by registrar)

AUG 7 1946
BUREAU V S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

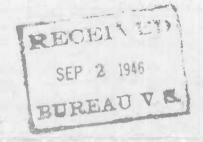
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence uf mother)		
County Carroll	State Maryland County		
City or town (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? 4 months	City or town. Baltimore (If outside city ur town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 632 Perkins Avenue		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
Colored Branch, Henryton, Md.	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
DODDOM W CEWELL olica De-			
ROBERT E. SEWELL alias Ra. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored single	20. DATE OF DEATH. August 15, 19 46, 21 8,00 A N		
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	April 15, 19 46 to Aug. 15, 19 46		
7. Birth date of Table 2 4 3 0 0 9	and that I last saw h im alive on August 15, 19 46		
deceased (mo., day, yr.) July 14, 1908	Immediate cause of death		
8. AGE: Years Months Days tf less than one day	Pulmonary Tuberculosis Mar.15		
38 1 11hrsmin.	1946		
Baltimore, Md.	Due to		
9. Birthplace Baltimore, Md. (Town, county, and state)	500 10		
10. Usual occupation Laborer	Due to.		
11. Industry or business	908 (0		
El Togonh Sawell	Aller		
E TALLER TO SEE	Other conditions		
	(Include pregnancy within 8 months of death)		
변 14. Maiden name Jane Sewell	Major findings of operations		
2 15. Birthplace Prince Frederick, Md.			
16 laformant Deceased	Autopsy results.		
16. Informant. Deceased	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
4 -11./ 1 //			
Cemetery or crematory M. J. Chillian	Where did injury occur?		
Location Ballo - Mills	Injured at home, farm, Industry, public place (where?)		
Ofer Aller her	Means of Injury Injured at work?		
18. Funeral director	7 760 23		
Address 5/0-5/2 Carwellen let.	23. SIGNATURE Les lesses My Top other		
" 8/15 " 46 albert R Swants	2		
19. (Date rec'd by registrar) Deputy Local Registrar	Address Henryton Md. Date signed 8/15/46		

AUG 19 1946
BUREAU V S

386	2411 N. Charle	s St., Baltimore 940
ect 3	CERTIFICAT	E OF DEATH Reg. Diat. No. 24
corr ly.	1. PLACE OF DEATH: Canada	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn igfants give residence of mother)
ly. The	City or town	State County Cou
carefully and	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sireet No
	How long in hospital of institution?	2.(a) If veteran, name war
information of death cle	3. (a) FULL MAME Gertrude Ridgen	3. (b) Social Security Number
of	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
ry item the cau	6.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Latended deceased from
ly eve	7. Birth date of deceased (mo., day, yr.)	and that I last saw have allve on City 30 19.40
Supply ease wi	8. AGE: Years Months Days If less than one day 2 2hrsmin.	Coronary throndown I wh
INK. ns: pl	9. Birthplace(Town, county, agd state)	Due to.
ADING INK Physicians:	10. Usual occupation.	Duesto de la constante de la c
[T	12. Hame Willer Splymon 1	Other conditions Sellstud
WITH UN important.	13. Birthplace Alleman Alleman Stable	(Include pregnancy within 3 months of death)
	15. B)thplace of hyda	Major findings of operations
AINLY, especially	Andres of DI Darrison Blas. Ball	Antopsy results
	17. Date thereof 9-12-46 (Burial, cremation, or removal (Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
国	Cemetery or crematory Andrews Halles Comments	Where did injury occur?
WRIT	Location Land, With.	Injured at home, farm, Industry, public place (where?)
N E	18. Funeral director. Mallagar College Address 12 17 St Paul St.	MIN Mant Sull
PLEA	19. Aug. 30 1946 C. Harry Will Registrar	Address M. D. grothet

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PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1842)

CERTIFICATE OF DEATH

07930

Reg. Diat	. No
DECEASED:	00

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	an O. P. sall
City or town (If ontside city or town limits, write RURAL and give nearest town)	State Mayle County Carrol
	City or town Elmon Osudge Odust
How long in above place of doath?	(If outside city or town limits, white RURAL and give nearest town)
Hespital, institution, or street address where doath occurred:	Street No. Olance
	(If rural, give LOCATION)
Now long to hospital or institution?	2.(a) If vetoran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Ellsworth There	Hore
4. Sox 5. Celor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W morred	20, DATE OF DEATH august 28 1946 at 2.15 Pm
6.(b) Hame of husband or wife The Bessia Shean	21. I CERTIFY that death occurred on the date above stalod; that I attended deceased from
/ 0	
7. Birth date of	and that I last saw hallve en
decoased (mo., day, yr.) Decarely 11-1863	
8. AGE: Yours Months Days If less than one day	
82 8 17hrsmin.	Mangue aux St aug wg
	by Mesc
9. Birthplace Carroll County Mayland	Due te
(Town, county, and atate)	
10. Usual occupation Zame	One de
11. Industry or business Detre	Oue to
12. Name Stat Know 13. Birthplace Stat Know	Other conditions
13. Birthplace Stat Kunn	
S cy + 1/	(Include programmy within 8 months of death)
14. Malden name	Major findings of operations.
\$ 15. Birthplace Hot Known	Date of op.
16. Informant Mrs Bassie Slean	Autopsy results. More
16. Informant Mas Oscillation	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Shum Osundge Maryland	22. VIOLENCE: If death was due to external causes, fill in the fellowing;
17 Buil Dito thoreof aug 31-1946	8/2 8/46
(Burial, cremation, or removal, Which?)	Accident, euicide, or homicide
Comotory or crematory Baust Church Cemeler	/ Where did lajury eccur?/th. (City or town) (County) (State)
along Tuestminster & Taneytown Rola	7
lecation Children Manager Thanks	Tripred at home, farm, Industry, public place (whore?)
18. Funeral director V. Little V. Fon	Means of Injury J. Yauguag by Well Injured at work?
Address Titllstown IPA Py P. A. L.	James Thoral Deputy The Sied Evan
6 120 14 m THE	23. SIGHATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar)	Address Wexhumsler MA Bate signed 8/28/46.

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

(17931 76 Reg. Dist. No. 76

CERTIFICA	IE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 2.4. County C. aasaall
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. S. C fire (1f rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) FULL NAME Frederick O-Phibles 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
By W widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19.16 at 69. M
6.(b) Name of bushend or wife. The state of	21. I CERTIFY that death occurred on the date above stated: that attended deceased from fully 19.46, to 19.46
7. Sirth date of deceased (mo., day, yr.) Sehl. 3 - 18 63	and What I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
90 11 3°hrsmin.	Ocure Hemplogia 24 tos
9. Birthplace	Oly. Uses cocarles
1D. Usual occupation. T. C. L.	Due to Clip (Ciloux- Delorores - 10 910.
12. Name Surge W. Shipley	Other conditions
13. Birthplace Comments.	(Include pregnancy within 8 months of death)
14. Maiden name Musika 5 Sighting 15. Birthplace MA.	Major findings of operations
18. Informant Marry Flates	Autopsy results
Address Church St. Walnuts 11. 17. David Rough (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory (Burial, crematory) (Gay) (year)	Where did injury occur?'
Location Annhymille Mad.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Allacan be conditioned to the condition of the condit	Means of Injury Injured at work?
Address & estiminate, Mill.	23. SIGNATURE Dan M.D. or other
19. 19. 19. Deficiency	1 1 Silver ate the 1 min S19/46 -



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-0

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CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Carroll,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manufact County Carall
(If outside fity or town limits, write RURAL and give nearest town)	State Many Grand County Wall
How long in above place of death? 10 45 25	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) tt veteran, name war
3. (a) FULL NAME Mrs Bessie Virg	genial six 3. (b) Social Security Number 431
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Married	20. DATE OF DEATH aug. 29 19 46 21 450 P. M
5.(b) Name of husband or wife A. P. Aug. Six	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Jan 14 1943 10 leng. 29 1946
7. Birth date of deceased (mo., day, yr.) May 25, 1883	and that I last saw he amalive on leng 29 18 46
8. AGE: Years Months Days If less than one day	Immediate cause of death
63 3 4hrsmin.	Maluntrilion 2 loop.
9. Birthplace (Town, coupty, and state) 10. Usuat occupation Atmas (Wash)	Due to Due to two bring many to tonger
11. Industry or business 12. Name	Other conditions Deveration of Lymphia
13. Birthplace and	tissu metestine
14. Maiden name Mary C Rook 15. Birthplace Md	(Include pregnancy within 3 months of death) Major findings of operations
· 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of op.
16. Informant / Mr. A.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Saneylaun, Mid 17. Julius Date thereol Slept (month) (day) (yesr)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory & Assawille Cometery	Where did injury occur? (City or town) (County) (State)
Location & Constille, and	Injured at home, tarm, Industry, public place (where?)
18. Funeral director, Ofusal Hand	Means of Injury Injured at work?
Address' Taneytown, Ind.	23 SIGNATURE R. S. M. Waugh lu. D.
19. Coate rgs d by registrar) 18. (Date rgs d by registrar) Registrar	M. D. or other
	y



CERTIFICATE OF DEATH

			CERTIFICAT	TE OF DE	ATH	×	Reg. Dist. No	74
Row long in above place of	yton death? I mo top address where d l'ubercul	onth.	URAL and give nearest town) 1 day Sana torium ton, Maryland.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Dorchester City or town Reid's Grove (If outside city or town limits, write RURAL and give nearest town) Street No. R.F.D. #1, box 2 (If rural, give LOCATION)				
3. (a) FULL NAME				•		3	3. (b) Social Securit	y Namber
	SADIE S					1		
4. Sex	. Color or race		e, married, widowed, or divorced				TIFICATION	
female	colored		single	20. DATE OF DEATH	Augu	st 27	19.4.5	2.20A
8,(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)		6.(c) If alive, give ageyears	July	26, er alive or	Augu	ated; that I allended do 6, to AUS st 27,	27, 19 46
8. AGE: Years	Months	Days	tf less than one day		ulosis	of hi	p and	Jan.
16	4	9				S	pine	1945
10. Usual occupation 11. Industry or business 12. Name	Scholar Unk.		Md.		clude pregnancj	within 8 mont	ths of death)	
	ceased							
16, Informant	ceaseu	***************	***************************************	PHYSICIAN: Pleas	e underline the	cause to which	death shuuld he charg	ed statistically.
Address 17 Burlai, cremation, o Cemetery or crematory. Location	removel, Which y	Oate the	reof. Compth) (day) (year)	11	r homicide cur?(Cits	or town)		
18. Funeral director	Ederals 46	Lung	, rud	23. SIONATURE	Noule	en H	Hwan	m-D.

Registrar Address Herryton, Md.

Local

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

(Date ree'd by registrar)

VS A15

MARGIN RESERVED FOR BINDING

UG 30 1916 SUREAU V B 2411 N. Charles St., Baltimore 13-P

17934

CERTIFICATE OF DEATH

Reg. Dist. No. 74

<u> </u>	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll Henryton	
City or town. Henryton (If outside city nr town limits, write RURAL and give neares How long in above place of death? 10 months, 23 days	t town) Port Deposit
How long in above place of death? 10 months, 23 days	City or town. Port Deposit (If ontside city or town limits, write RURAL and give nearest town)
Maryland Tuberculosis Sanatorio	street No. 186 N. Main Street
	(If rural, give LOCATION)
Colored Branch, Henryton, Md.	2.(a) It veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
DANIEL TAYLOR	218-03-7418
4. Sex 5. Color or race 6.(a)Single, married, widowed, or div	MEDICAL CERTIFICATION
male colored married	20, DATE OF DEATH. August 21, 19 46 at 4.15A
B.(b) Name of husband or wife. Sarah Taylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept., 28 19 45 to Aúg. 21, 19 46 and that I last saw h im alive on August 21, 19 46
7. Birth date of Following C 7000	and that I last saw halive on August 21,19.40
deceased (mo., day, yr.) February 6, 1900 8 AGF: Years Months Days It less than one day	Immediate cause of death
o. real	Pulmonary Tuberculosis July
46 6 15hrs	min. 1945
9. Birthplace Port Deposit, Md. (Town, county, and state)	Due to
10. Usual occupation Laborer	
	Due to
1t. Industry or business	
Daniel Taylor, Sr. 12. Name Daniel Taylor, Sr. 13. Birthplace Havre-de-Grace, Md	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary Reed 15. Birthplace Port Deposit, Md.	Major fiadings of operations
15. Birthplace Port Deposit, Md.	Major hadings of operations
ts. Intermant Deceased	PHYSICIAN: Please underline the canse to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which) Date thereotany 2 Gonth) (day)	4 /(///-
Cemetery or crematory	Where did injury occur?
Location Again July July Location	Injured et home, tarm, Industry, public place (where?)
18. Funeral director Vela a. Casperson & d	Meens of Injury Injured at work?
M. 1. 000 Used	1 0 200 0 0
Address Jerry Mu, Ma	23. SIGNATURE Quilles M. D. nr other
19. 8/21 1/46 albert Swa	end de
(Date rec'd by registrar) Deputy Local	Registrar Address Henryton, Md. Date signed 8/21/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

(17935 eg. Diat. No. 27

CERTIFICA	AIL OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside Mty of flower limits, write RURAL and give reflect town) How long in above place of death? Hospital institution, or street address where death occurred.	State City or town. (If outside city or town limita, write RURAL and give nearest town) Street No.
Managht and Charles of the Company o	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veloran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.46 21/2-25
6.(b) Name of husband or wife 15 16 16 16 16 16 16 16 16 16 16 16 16 16	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Let 1860	and that I last saw h
85 8 / min.	min. Certhal Lemmany 48 m
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation	Due to Cerefial anterior elevery
12. Name July 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name 11. 11. Birthplace 15. Birthplace	Major findings of operations
16. Informant - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. It the total Line.	Where did injury occur? (City or town) (County) (State) tnjured at home, farm, industry, public place (where?)
18. Funeral director William Cook, See	Means of Injury Injured at work?
Address 1217 taul At.	23. SIGNATURE M. D. Grother
19 19 19 19 46 C Dany Will	trop Addison Subject of 19/4



deputy local

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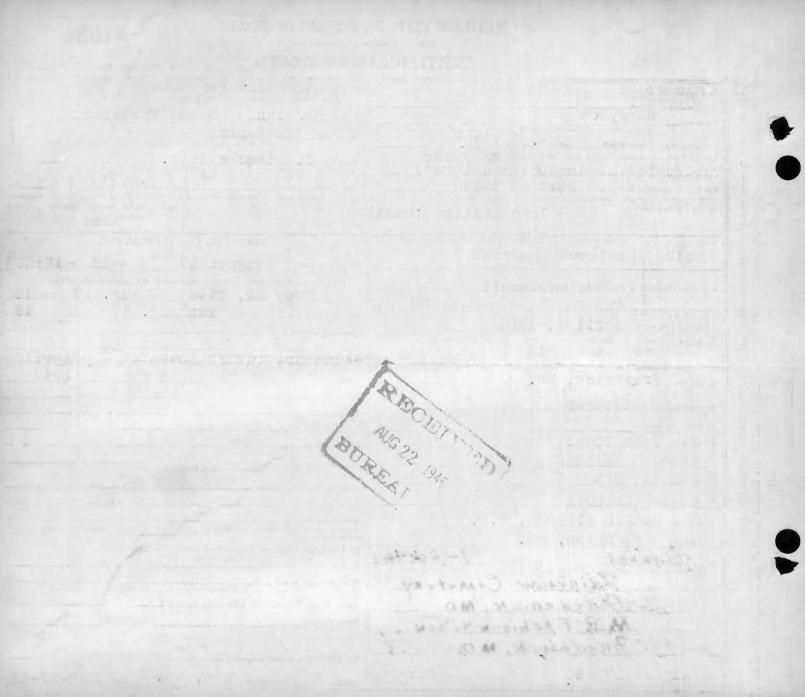
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MARYLAND STATE DEPARTMENT OF HEALTH

07936

CERTIFICATE OF DEATH

	rles St., Baltimore	0.79	
CERTIFICA	TE OF DEATH	Reg. Diat. No	74
1. PLACE OF DEATH: County Carroll City or town	2. USUAL RESIDENCE (HOME (For newborn infants give residence) State	County Brederi	nearest town)
3.(a) FULL NAME John William Tonsi	.1	3. (b) Social Securit	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL 20. DATE DF DEATHAugust	CERTIFICATION	at 11 : 50
6.(b) Name of husband or wife	IVIA V . IVI . I 3	46 Aug. Aug. 17	17 19 4 19 4
9. Birthplace Frederick Md. (Town, county, and state) 10. Usual occupation laborer			1946
11. Industry or business 12. Name John Tonsil 13. Birthplace Unknown			
14. Malden name Cora ? 15. Birthplace Unknown	Major findings of operations	Date of op	
Address Henryton, Md. Busid Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externa	o which death should be charge il causes, fill in the following:	ed statistically.
Commetery or crematory FRIRVIEW CAMETERY Location FREDERICK, M.D.		wn) (County) e (where?)	(State)
18. Funeral director M. R. Etchison & Son Address Frederick, MD.	Means of Injury 23. SIGNATURE	Injured at work?	m.D.
19. August 17 19 46. Albut A Swashi	Address Henryton	Ma. Date signe	8-17-4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Registrar

OCA

			CERTIFIC	CATE OF E
ity or town	yton tside city or town in the death? 3 minustreet address where DSiS Sand	mits, write B OS.,2(death occurred atoric	URAL and give nearest town days Maryland Im(Colored) Above	Street No
female	5. Color or race		e, married, widowed, or divorced	20. DATE OF DE
6.(6) Name of husband o 7. Birth date ot deceased (mo., day, yr) Aug. 2	, 192	c) If alive, give age	21. I CERTIFY t
B. AGE: Years 25	Months	Days 16	It less than one day	Pulmo
9. BirthplaceGrs 10. Usual occupation 11. Industry or business			state) 3 P	Due to
12. NameWi	Baltimor	e, Md		Other conditions
14. Malden name	Grant,	Maryla	and	Major findings
16. informant Reu	ryton,		MaDa	PHYSICIAN: I
(Eurlal, cremation, Cemelery or cremator, Location	or removal. Which?	Date ther	eot Aug. 21- (month) (day) (yea	22. VIOLENCE Accident, suicid Where dtd injur Injured at home

Maryland (If outside city or town limits, write RURAL and give nearest town) Stockton Street (If rurai, give LOCATION) 2.(a) If veteran, name war... 3. (b) Social Security Number 216-18-4017 MEDICAL CERTIFICATION 20. DATE OF DEATH AUgust 18 19.46 at 2:15 M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.46 to Aug. 18 mmediate cause of death..... tuberculosis (Include pregnancy within 3 months of death) Major findings of operations.... PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, till in the toltowing; Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, tarm, industry, public place (where?)

Injured at work?

Md . Date signed 8-18-46

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(Date rec'd by registrar)

FOR BINDING

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Reg. Diat. No.

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

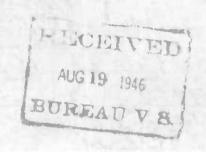
(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the tollowing;

(Connty)

Injured at work?



2411 N. Charles St., Baltimore 123

CERTIFICATE OF DEATH

0793974

CERTIFICA	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County City City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
City or town			
Springfield State Hospital			
and long in respirat of mettation	2.(a) If veteran, name war		
3.(a) FULL NAME William Weiner, alias Wine	er, alias Wiener		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White single	2D. DATE DF DEATH August 15 19 46 at 12:15 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 43 to Aug a 15 19 46		
7. Birth date of deceased (mo., day, yr.)	and that I last saw h im alive on August 14 1946		
8. AGE: Years Months Days . If less than one day	Immediate cause of death. Other diseases of DURATION the intestines, hemorrhage of		
about 51hrs. min.	unknown cause 18 hrs		
9. Birthplace Russia (Town, county, and state)	Due to		
cutter			
10. Usual occupation	Due to		
11. Industry or business	Other conditions Schizophrenia, hebe-		
12. Name Moses Winer Russia	phrenic type 28 yrs (Include pregnancy within 3 months of death)		
	(Include pregnancy within 3 months of death)		
Puccia	Major findings of operations.		
•			
16. Informant Springfield State Hospital Records	Antopsy results		
Address Sykesville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Buttal Bate thereof 8-16-46 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) (month) (day) (year) Cematery or crematory Assistantes Custle Causellery			
	Where did injury occur?		
Location Nelseur Mong Musmels Roads.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Sof Levenson allows	Means of injury Injured at work? Robert Bertrand May, M.D.		
Address //26 M. Morth ave	23. SIGNATURE Robert Botrand May M.D. Springfield State Hospital M. D. grother		
19. Mary July 1946 C. Harry Zuly Registrar	Springfield State Hospital Address Sykesville, Maryland M. D. Gröther Sykesville, Maryland Date signed Date signed		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The educated is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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2411 N. Charles St., Baltimore

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

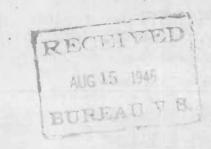
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VS A15

CERTIFICATE OF DEATH

07. Piat No. 4 94

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carroll Honnyston's				•••••••••••••••••••••••	State Maryland County			
City or town			URAL and give nearest town)	Boltimore				
How long in above place of death? 4 months, 11 days			ll days	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street, address where death occurred;				Street No. 1047 N. Central Ave.				
mary	Maryland Tuberculosis Sanatorium Colored Branch, enryton, Maryland. low long in hospital or institution?			ton Wentiland	(If rural, give LOCATION)			
How long in h	ospital or ins	tifution?	enry	ton, maryiand.	2.(a) It veteran, name war			
3. (a) FUL						3. (b) Social Security		
			WILLI		218-07-3796			
4. Sex	5	. Color or race	8.(u)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
male		colore	d me	arried	20. DATE OF DEATH August 13, 19 46 .5.55P			
6.(b) Name of	huchand or i	Mar Mar	y Will	iams	21. I CERTIFY that death occurred on the date abov	e stated; that I attended dec	eased trom	
					March 22,	46 h Aug.	L3, 19 46	
7. Girth date o	t	A ~		f) If allve, give age 40 years	and that I last saw h im alive on Au	gust 13,	19 46	
deceased (n	10., day, yr.)	Aug	us L	130%	Immediate cause of death		DURATION	
8. AGE:	Years 44	Months	Days 12	If less than one day	Pulmonary Tuberc	ulosis		
	44		10	hrsmin.			1945	
9. Birthniace	Tar	rboro,	N. C.		Due to	***************************************	•• •••••••	
9. Sirthplace Tarboro, N. C. (Town, county, and etate)				tate)		***************************************	*** ***********************************	
10. Usual occ	upation	Labore	<u>r</u>		Due to.	********************************	***	
11. Industry o	r business							
E 12 Name Charles Williams				Liams	Other conditions			
12. Name Charles Williams 13. Birthplace Unknown.								
					(Include pregnancy within 3 months of death)			
E 14. Maid	en name				Major findings of operations			
14. Maiden name. Mary Smith 15. 61rthplace Tarboro, N. C.				C.	Date of op.			
16. Informant Deceased				***************************************	Autopsy results			
Addana					PHYSICIAN: Please underline the cause to which death should be charged statistically.			
73				(12H	222 VIOLENCE: It death was due to external caus	es, till in the following;		
17. Burial. et	emation, or	removal. Which	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************	
(Burial, cremation, or removal. Which?) Cemelery or crematory.			1 41-	Where did injury occur?(City or town)	(County)	(State)		
			24.0					
Location Description				<i>u4</i>	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Olyston				Illan	Meens of Injury	Injured at work?		
	000	2 13/1	antel	Ter Ca	1000	50	m	
Address	1200	17	- 00	1.01 11	23. SIGNATURE Coulder V	y may	or other	
19. 8/	13 d hy regist	19 46		elf U. Swankha	Henryton, Md.	Date signed	8/13/46	
(Date rec	'd hy regist	rar)	Deput	y Local Registrar	Address 110111 y COII a 1110 a	Date signed		



CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Morrow I and		
City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 days	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 726 N. Mount Street (If rural, give LOCATION) 2.(a) It veteran, name war.		
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?			
3.(a) FULL NAME DAVID LEE WRIGHT	3. (b) Social Security Numb	er	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored single	20. DATE DF DEATH August 20 19 46 11 15 1		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15, 19 46, Aug. 20, 18 46 and that I last saw h. im alive on August 20, 19 46		
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis Ju	une	
30 3 . 25hrsmln.	***************************************	938	
9. Birthplace	Due to	***************************************	
Henry Wright 12. Name Henry Wright 13. Birthplace Chester, S. C.	Other conditions		
14. Maiden name Emma Thomas 15. Birthplace Chester, S. C.	(Include pregnancy within 3 months of death) Major findings of operations		
16. Interment Deceased	Autopsy results		
Address 17. Barrial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, tilt in the following: Accident, suicide, or homicide		
Cemetery or crematory MV Calvery	Where did injury occur?		
Location da Co Mil	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director Mrs Robert Elliott - daughter	Means of Injury Injured of work?		
Address 1129 M. Caroline St.	23. SIGNATURE Deules M. D. or other	.D.	
19. 8/20 19 46 Company Surantification (Date rec'd by registrar) De Duty Local Registrar	Hammiton Md 8/	20/46	

PLEASE WRITE PLAINLY, WITH UNRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED VS A15

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